

Dog registration form

Complete this form; include a copy of current rabies certificate from your veterinarian, payment and self-addressed envelope. If necessary use a separate sheet of paper to list additional dogs. Please make payment payable to Elk Twp. (do not send cash).

Owner's Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone Number _____

Dog name _____

Sex: ____ Male ____ Female

Dog Size: _____

Expiration of Rabies Vaccine _____

MUST include paper certificate from vet.

Birth date of dog: _____

Hair Type: ____ short ____ long

Breed of dog: _____

Spayed/Neutered: Yes _____ No _____
Date _____

..... This form may be duplicated

Number of dog(s) registering _____

Total Amount enclosed _____

Place this form, rabies certificate and payment in an envelope and drop in box or mail to:

Elk Township
Dog Registration
667 Whig Lane Road
Monroeville, NJ 08343